

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 1109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Florida Federal Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hanley, Alice, H., ,

Mailing Address 250 Jungle Road

City
Palm Beach

State
FL

Zip Code
33480-4812

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lexington Management Group, LLC

Occupation (for Individual)
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2019

Transaction ID : A6F2B543D6FCA4A96AF3

Amount of Each Receipt this Period

200.00

☐ Memo Item

In-kind:in-kind food and beverage

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fortson, Richard, , ,

Mailing Address 2627 South Bayshore Drive
805

City
Miami

State
FL

Zip Code
33133

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fortson International

Occupation (for Individual)
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 02 / 2019

Transaction ID : A8D3CFD8C673541958D3

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Orndorff, George, , ,

Mailing Address 14606 21st Avenue East

City
Bradenton

State
FL

Zip Code
34212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-employed

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 02 / 2019

Transaction ID : A4F51B51C4E514E14A45

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

550.00